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## APPLICANTS

Curtis G. Neason, New York, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

— *file @ 08.15.05*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

— *file @ 08.15.05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

33679  
 GE MEDICAL SYSTEM  
 C/O FOLEY & LARDNER  
 777 EAST WISCONSIN AVENUE  
 MILWAUKEE, WI  
 53202-5367

## TITLE

Electrophysiology system and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 946		<input type="checkbox"/> 1.16 Fees ( Filing )
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